

Docket No.: KNOXX.024C2

APR 7 2005

April 7, 2005
Page 1 of 2Please Direct All Correspondence to Customer Number 20995

REQUEST FOR CONTINUED EXAMINATION

Applicant : Tremplala
 App. No : 10/789,630
 Filed : February 27, 2004
 For : LOCKING CAP SYSTEM
 Examiner : Suzanne Lale Dino Barrett
 Art Unit : 3676

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to the USPTO Central Fax No. (703) 872-9306 on the date shown below:

April 7, 2005

(Date)

Robert J. Roby Reg. No. 44,304

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

Enclosed:
 Amendment/Reply in Twelve (12) pages.
 Information Disclosure Statement (IDS).

2. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		2801 (\$395)		\$395
Total Claims	25 - 30 = 0	2202 (\$25)	0 x 25 = \$0	\$0
Independent Claims	6 - 6 = 0	2201 (\$100)	0 x 100 = \$0	\$0
Multiple Claim		2203 (\$180)		\$0
1 Month Extension		2251 (\$60)		\$60
			TOTAL FEE DUE	\$455

An extension of time is hereby requested by payment of the appropriate fee indicated above.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

KNOX4.024C2

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	385.00
XS 9=	90
X43=	129
+145=	0
TOTAL	604

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
			MINUS	=	
Total	28		20	=	
Independent	5		5	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

1, 15, 24, 31, 32, 33

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
			MINUS	=	
Total	25		30	=	
Independent	10		10	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

1, 15, 31, 32, 33

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
			MINUS	=	
Total			20	=	
Independent			20	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	385.00
XS 9=	90
X43=	129
+145=	0
TOTAL	604

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

BEST AVAILABLE COPY

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.